PTC/SB/06 (0.9-0.3)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Oocket Number 09/782329		
CLAIMS AS FILED - PART I (Column 1) (Calumn 2)								SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED				NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.10(a))							1		\$	OR		1
TOTAL CLARAS (3) CFR 1.16n g milnus 20							l) § .		1	25	•
IND	EPENDENT CLA	us						i	 	CK		
(37 CFR 1.16(b)) minus 3 c								x \$	 	OR	× 5	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+5	ļ	OR	+1	
* If the difference in column 1 is tess than zero, enter "0" in column 2.								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II												
(Column 1) (Column 2) (Column 3)										OR		R THAN
	T		LAIMS	1	(Column 2)	(Column 3)	1	SMALL (ENTITY		SMALL	ENTITY
NT A		REA	MAINING FTER NOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		Ваче	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	La CIM + refea	•	2	Minus	. 20	- 1		x s=		OR	x s=	
AMENDMENT	Independent (37 CFR 1 14(EB)	. 2	2	Minus	7 3	• 1		x \$=	·	OR	x \$ =	
₹	FIRST PRESENT	ATION C	OF MULTIPLE	DEPEND	ENT CLAM (37 C	FR 1.16(d))		+5 =		OR	+5 =	
1.1.						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
ארי	3/(<u>)</u> \ .							ADDEFEE		, O	ADDEFEE	-
∕ \ B	700	CL	AMS		(Column 2) HIGHEST	(Column 3)	1					
		AF	AINING TER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	400A JAMOIT
Ę	Total	AME	IDMENT	Minus	PAID FOR	1			FEE			FEE
Ò	(37 CFR + 16(c)) Independent		77	Minus	<u></u>	 		X \$ #	3/ V 1	OR	x s	
MENDMENT	(3) (50 - 160)		<i>T</i>		ک			x s/(_/)-	101	OR _.	x s=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ a	لمــ	O R	+5=	
								ADD'L FEE	100	OR	ADD'L FEE	
		(Cot	amn 1)		(Column 2)	(Column 3)						
ပ			AIMS AINING		HIGHEST	PRESENT		RATE	ADDI-		RATE	ADDI:
		AF	TER		PREVIOUSLY PAID FOR	EXIRA			TIONAL		14.72	TIONAL
M	Total to Cra violeh	•	ONICH	timus	* .	*		X \$ =		OR	x 5 =	
묈	Independent (37 CI # L 16(b))	•		Minus	***		١			1		
AMENDMENT			- <u> </u>	2525::25		(5 + 4540)				OR	~ -	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								TOTAL		OR	TOTAL	-
											ADD'L FEE	
If the entry in column 1 is loss than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												
•••	E the 'Highest N	omber l	Proviously (Paid For	IN THIS SPACE	is less than 3, er	rior	'3 '.				

This Collection of information is requised by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatily is governed by 35 U.S.C. 127 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of lime you require to complete this form and/or suggestions for require, should be sent to the Chief Information Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column t